

**MEDICINE BOARD[653]****Adopted and Filed**

Pursuant to the authority of Iowa Code sections 147.76 and 272C.2, the Board of Medicine hereby amends Chapter 11, “Continuing Education and Training Requirements,” Iowa Administrative Code.

The purpose of Chapter 11 is to establish continuing education and training requirements for renewal or reinstatement of a permanent physician license or renewal of a special physician license. The amendments update language throughout the chapter and recognize the continuing education gained by physicians from their service on the Board, on the Iowa Physician Health Committee, and by completing peer reviews for the Board.

The Board approved the Notice of Intended Action during a regularly scheduled meeting on March 1, 2012. Notice of Intended Action was published in the Iowa Administrative Bulletin on April 18, 2012, as **ARC 0092C**. At a public hearing from 2 to 3 p.m. on May 8, 2012, the Board received spoken and written comments from Leah J. McWilliams of the Iowa Osteopathic Association. The Board later received written comments from Jeanine Freeman of the Iowa Medical Society. In response to all comments received, the proposed phrase “resides in Iowa” was deleted from Item 5.

In addition, subrule 11.2(3) was modified after it was determined that the Board does not qualify as a provider of accredited Category 1 CMEs and, therefore, cannot grant CMEs. However, the Board can recognize certain professional experiences as the equivalent of the education and training gained by completing Category 1 CMEs, which are accredited by the Accreditation Council for Continuing Medical Education. Subrule 11.2(3) now reads as follows:

**“11.2(3)** The board shall in January of each year recognize the equivalent of up to 10 hours of category 1 credits for physicians who actively served as members or alternate members of the Iowa board of medicine during the previous year; for physicians who actively served as members of the Iowa physician health committee during the previous year; and for physicians who performed peer reviews for the board during the previous year. The physicians receiving recognition of category 1 credit equivalents will be notified by U.S. mail in January by the executive director of the board.”

These amendments were adopted by the Board on June 8, 2012.

After analysis and review of this rule making, no adverse impact on jobs has been found.

These amendments are intended to implement Iowa Code chapter 272C.

These amendments will become effective on August 29, 2012.

The following amendments are adopted.

ITEM 1. Adopt the following **new** definitions of “Training for chronic pain management” and “Training for end-of-life care” in rule **653—11.1(272C)**:

*“Training for chronic pain management”* means required training on chronic pain management identified in 653—Chapter 11.

*“Training for end-of-life care”* means required training on end-of-life care identified in 653—Chapter 11.

ITEM 2. Amend rule **653—11.1(272C)**, definitions of “Accredited provider,” “Approved program or activity,” “Carryover,” “Category 1 activity,” “Committee” and “Hour of continuing education,” as follows:

*“Accredited provider”* means an organization approved as a provider of category 1 ~~activity~~ credit by one of the following board-approved accrediting bodies: Accreditation Council for Continuing Medical Education, Iowa Medical Society, or the Council on Continuing Medical Education of the AOA.

*“Approved program or ~~activity~~ credit”* means any category 1 ~~activity~~ credit offered by an accredited provider or any other program or ~~activity~~ credit meeting the standards set forth in these rules.

*“Carryover”* means hours of category 1 ~~activity~~ credit earned in excess of the required hours in a license period that may be applied to the continuing education requirement in the subsequent license period; carryover may not exceed 20 hours of category 1 ~~activity~~ credit per renewal cycle.

*“Category 1 ~~activity~~ credit”* means any formal education program which is sponsored or jointly sponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, or the Council on Continuing Medical Education of the AOA that is of sufficient scope and depth of coverage of a subject area or theme to form an educational unit and is planned, administered and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained by the physician completing the program. ~~Activities~~ Credits designated as formal cognates by the American College of Obstetricians and Gynecologists or as prescribed ~~credit~~ credits by the American Academy of Family Physicians are accepted as equivalent to category 1 ~~activities~~ credits.

*“Committee”* means the licensure ~~and examination~~ committee of the board.

*“Hour of continuing education”* means a clock hour spent by a licensee in actual attendance at or completion of an approved category 1 ~~activity~~ credit.

ITEM 3. Amend rule 653—11.2(272C) as follows:

**653—11.2(272C) Continuing education credit and alternatives.**

**11.2(1)** Continuing education credit may be obtained by attending category 1 ~~activities~~ credits as defined in this chapter.

**11.2(2)** The board shall accept the following as equivalent to 50 hours of category 1 ~~activity~~ credit: participation in an approved resident training program or board certification or recertification by an ABMS or AOA specialty board within the licensing period.

**11.2(3)** The board shall in January of each year recognize the equivalent of up to 10 hours of category 1 credits for physicians who actively served as members or alternate members of the Iowa board of medicine during the previous year; for physicians who actively served as members of the Iowa physician health committee during the previous year; and for physicians who performed peer reviews for the board during the previous year. The physicians receiving recognition of category 1 credit equivalents will be notified by U.S. mail in January by the executive director of the board.

ITEM 4. Amend rule 653—11.3(272C) as follows:

**653—11.3(272C) Accreditation of providers.** The board approves the Accreditation Council for Continuing Medical Education, the Iowa Medical Society, and the Council on Continuing Medical Education of the AOA as organizations acceptable to accredit providers of category 1 ~~activity~~ credits.

ITEM 5. Amend rule 653—11.4(272C) as follows:

**653—11.4(272C) Continuing education and training requirements for renewal or reinstatement.** A licensee shall meet the requirements in this rule to qualify for renewal of a permanent or special license or reinstatement of a permanent license.

**11.4(1) Continuing education and training requirements.**

*a. Continuing education for permanent license renewal.* Except as provided in these rules, a total of 40 hours of category 1 ~~activity~~ credit or board-approved equivalent shall be required for biennial renewal of a permanent license. This may include up to 20 hours of credit carried over from the previous license period and category 1 ~~activity~~ credit acquired within the current license period.

(1) To facilitate license renewal according to birth month, a licensee’s first license may be issued for less than 24 months. The number of hours of category 1 ~~activity~~ credit required of a licensee whose license has been issued for less than 24 months shall be reduced on a pro-rata basis.

(2) A licensee desiring to obtain credit for carryover hours shall report the carryover, not to exceed 20 hours of category 1 ~~activity~~ credit, on the renewal application.

~~(3) Category 1 CME activity. A licensee shall complete the training as part of a category 1 CME activity or an approved training program. A licensee may apply the category 1 CME activity credit received for the training during the license period in which the training occurred toward the 40 hours of continuing education required for biennial renewal.~~

*b. Continuing education for special license renewal.* A total of 20 hours of category 1 activity credit shall be required for annual renewal of a special license. No carryover hours are allowed.

*c. Training for identifying and reporting child and dependent adult abuse for permanent or special license renewal.* The licensee in Iowa shall complete the training for identifying and reporting child and dependent adult abuse as part of a category 1 credit or an approved training program. The licensee may utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 11.4(1)“a.”

(1) Training to identify child abuse. A licensee who regularly provides primary health care to children in Iowa must complete at least two hours of training in child abuse identification and reporting every five years. “A licensee who regularly provides primary health care to children” means all emergency physicians, family physicians, general practice physicians, pediatricians, and psychiatrists, and any other physician who regularly provides primary health care to children.

(2) Training to identify dependent adult abuse. A licensee who regularly provides primary health care to adults in Iowa must complete at least two hours of training in dependent adult abuse identification and reporting every five years. “A licensee who regularly provides primary health care to adults” means all emergency physicians, family physicians, general practice physicians, internists, obstetricians, gynecologists, and psychiatrists, and any other physician who regularly provides primary health care to adults.

(3) Combined training to identify child and dependent adult abuse. A licensee who regularly provides primary health care to adults and children in Iowa must complete at least two hours of training in the identification and reporting of abuse in dependent adults and children every five years. The training may be completed through separate courses as identified in subparagraphs 11.4(1)“c”(1) and (2) or in one combined two-hour course that includes curricula for identifying and reporting child abuse and dependent adult abuse. “A licensee who regularly provides primary health care to children and adults” means all emergency physicians, family physicians, general practice physicians, internists, and psychiatrists, and any other physician who regularly provides primary health care to children and adults.

*d. Training for chronic pain management for permanent or special license renewal.* The licensee shall complete the training for chronic pain management as part of a category 1 credit. The licensee may utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 11.4(1)“a.”

(1) A licensee who regularly provides primary health care to patients in Iowa must complete at least two hours of training category 1 credit for chronic pain management every five years. “A licensee who regularly provides primary health care to patients” means all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients.

(2) A licensee who had a permanent license on August 17, 2011, has until August 17, 2016, to complete the chronic pain management training, and shall then complete the training once every five years thereafter.

*e. Training for end-of-life care for permanent or special license renewal.* The licensee shall complete the training for end-of-life care as part of a category 1 credit. The licensee may utilize category 1 credit received for this training during the license period in which the training occurred to meet continuing education requirements in paragraph 11.4(1)“a.”

(1) A licensee who regularly provides primary health care to patients in Iowa must complete at least two hours of training category 1 credit for end-of-life care every five years. “A licensee who regularly provides primary health care to patients” means all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists, and any other physician who regularly provides primary health care to patients.

(2) A licensee who had a permanent license on August 17, 2011, has until August 17, 2016, to complete the end-of-life care training, and shall then complete the training once every five years thereafter.

**11.4(2) Exemptions from renewal requirements.**

*a.* No change.

b. The requirements for training on identifying and reporting abuse, chronic pain management and end-of-life care for license renewal shall be suspended for a licensee who provides evidence for:

(1) Periods described in ~~paragraph 11.4(2) “a,” subparagraph (1), (2), (3), or (4) subparagraph 11.4(2) “a”~~(1), (2), (3), or (4); or

(2) Periods that the licensee resided outside of Iowa and did not practice in Iowa.

**11.4(3)** No change.

**11.4(4) Reinstatement requirement.** An applicant for license reinstatement whose license has been inactive for one year or more shall provide proof of successful completion of 80 hours of category 1 ~~activity~~ credit completed within 24 months prior to submission of the application for reinstatement or proof of successful completion of SPEX or COMVEX-USA within one year immediately prior to the submission of the application for reinstatement.

**11.4(5) to 11.4(8)** No change.

ITEM 6. Amend paragraph **11.5(1)“c”** as follows:

c. The committee shall consider the staff’s recommendation for denial of credit for continuing education or training for identifying and reporting abuse, chronic pain management, and end-of-life care.

(1) If the committee approves the credit, it shall authorize the staff to inform the licensee or applicant that the matter is resolved.

(2) If the committee disapproves the credit, it shall refer the matter to the board with a recommendation for resolution.

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EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/25/12.